. Page

Provider: 170384534

Frov Lic:DOL5743TX Payee:170384534

RANDY WEISS, DO

501-507 SOUTH 12TH STREET SSN:464703972
PHILADELPHIA, PA 19147- Claimant:DENNIS BERRY

Bill ID:2004091711330540AWF 00

Claim:WC20032363

Injured:09-26-2003

MBIN:900009538

Insured NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK EAST LAGRANGE, GA 30241

501-507 SOUTH 12TH STREET PHILADELPHIA, PA 19147

THE PAIN CENTER

Date Revwd:09-17-2004

Adjustor-ID: LR

Account:21290

Adjustor: LUPE RODRIGUEZ

Adjustor Phone:3008889067

ICD9: 647.9 SPRAIN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

Date Rcvd:08-23-2004

ICD9:959.0 INJURY FACE AND NECK NOS

Date Se	rvice	Mods	Charge	Reduction	Allowance	Reasons

08-06-04 61	790 LESION CREATION		4800.00	4800.00	.00	L .
08-06-04 76	001 PLUOROSCOPY		350.00	350.00	.00	L
~Ò8-G€ •04, 99:	199 UNLISTED PROCEDURE		1050.00	1050.00	.00	L
06-76-04-99			1113.00	1118.00	.00	ь
To:	tale		7318.00	7318.00	.00	

** TX Reduction Explanations:

TX L Not Treating Doctor Approved Payment

OR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREENAY #121 DALLAS, TX. 75234 (972) 247-9067 FRX (972) 280-0042



Page

Provider:170384534

RANDY WEISS, DO

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Prov 4ic:DOL5743TX

Pavee: 170384534

THE PAIN CENTER

501-507 SOUTH 12TH STREET

PHILADECPHIA, PA 19147

Date Revd: 08-23-2004

Adjustor-ID: LR

Adjustor: LUPE RODRIGUEZ

Bill ID:2004091711330540AWF 00

Claim: WC20032353

SSN:464703972

Claimant DENNIS BERRY

Injured:09-26-2003

MBIN:900009598

Insured: NCMSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK BAST

LAGRANGE, GA 30241

Date Revwd: 09-17-2004

Account:21290

Adjustor Phone: 8008889067

Insurance carrier payment to the health care providor shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREEWAY #121 DALLAS, TX. 75234 (972) 247-9067 PAX (972) 280-0042

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK EAST

LAGRANGE, GA 30241

Bill ID:2004091711342818AWF 00

Claim: WC20032363

SSN:464703972

Injured:09-26-2003

MBIN:900009598 Insured: NEWSPAPER PROCESSING

** CSC CLAIM COMPANY **

Page À

Provider:170384534

RANDY NEISS, DO

501-507 SOUTH 121H STREET SSN:464703972 PHILADELPHIA, PA 1914-7. Claimant DENNIS BERRY

Prov Lic.DOL5743TX

Payee:170384534

THE PAIN CENTER

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Date Revwd:09-17-2004 Account: 21290

Adjustor Phone: 8005889067

Date Rovd:00-23-2004

Adjustor-ID: LR

Adjustor: LUPE RODRIGUEZ

ICD9:647.9 SPRAIN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Date	Servic	e	Mods	Charge	Reduction	Allowance	Reasons
±68843=3	=====	•••=========	****			=======================================	
08-09-04	61790	LESION CREATION		4800.00	4800.00		t
08-09-04	75001	FLUOROSCOPY	35)	350.00	350.00	.00	L
08-09-04	99199	UNLISTED PROCEDURE	50	1050.00	1050,00	00	L
08-09-04	99070	SUPPLIES MATERIALS		1310.00	1118.00	.00	L
					. 		
2.0	Totals	C)		7318.00	7318.00	.00	

** TX Reduction Explanations:

TX L Not Treating Doctor Approved Payment

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 t.B.J. FREEWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 280-0042

Bill 30:2004091711342818AWP 00

Claim: WC20032353

Claimant: DENNIS BERRY Injured: 09-26-2003

MBIN:900009598

Insured: NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK BAST

LAGRANGE, GA 30241

SSN:464703972

** CSC CLAIM CONPANY **

Page 1

Provider:170384534

RANDY WEISS, DO

501-507 SOUTH 12TH STREET

PHILADECPHIA, PA 19147

Prov Lic:D065743TX

PAyee:170384534 THE PAIN CENTER

> 501-507 SOUTH 12TG STREET PHILADELPHIA, PA 19147

Date Rovd:08-23-2004

Adjustor-ID: LR

Adjustor: LUPE RODRIGUEZ

Data Revwd:09-17-2004

Account : 21290

Adjustor Phone: 8008889067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 D.B.J. FREEWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 280-0042

Page 1

Provider:170384534 Bill ID: 2004091711353250AWF 00

RANDY WEISS, DO

Claim: WC20032363 501-507 SOUTH 12TH STREET \$\$N:464703972 SMILADBLPHIA, PA 19147 Claimant:OSNNIS BERRY Injurad:09-26-2003 MBIN: 900009598

Prov Lic: DOL5743TX Payee:170384534

THE PAIN CENTER 501-307 SOUTH 12TH STREET PHILADELPHIA, PA 19147

Insured: NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE 110 A CORP PARK EAST

LAGRANGE, GA 30241

Date Royd:08-23-2004

Adjustor-ID: LR Adjustor: LUPE RODRIGUEZ

Date Revwd: 09-17-2004 Account:21290 Adjustor Phone:8008889067

ICD9:847.9 SPRAIN OF BACK NOS

ICD9:543.9 SPRAIN HIP AND THIGH NOS

1009:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND MECK NOS

Date	Servic	e	Mods	Charge	Reduction	Allowance	Reasons
=====±06	***	•======================================					
08-10-04	51790	LBSION CREATION	2.2	4800.00	4800.00	.00	L
03-10-04	76001	FLUDRÓSCOPY		350.00	350.00	.00	L
08-10-04	99199	UNLISTED PROCEDURE		1050.00	1050.00	.00	L
08-10-04	99070	SUPPLIES MATERIALS		1118.00	1118.00	.00	L
	Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX L Not Freating Doctor Approved Payment

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREEWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 280-0042

Page

Provider:170384534

RANDY WEISS, DO

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147-

Prov Lic:0045743TX

Payee:170384534

THE PAIN CENTER

S01-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Date Rovd:08-23-2004

Adjustor-ID: AR

Adjustor: LUPE RODRIGUEZ

Bill ID:2004091711353250AWF 00

Claim: WC20032363

SSN:464703972

Claimant: DENNIS BERRY

Injured: 09-26-2003

MBIN:900009598

Insured: NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK EAST

LAGRANGE, GA 30241

Date Revwd:09-17-2004

Account: 21290

Adjustor Phone: 8008889067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrior is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREEWAY #121 DALLAS, TX. 75234 [972] 247-9067 FAX (972) 280-0042

Page 1

Provider: 170384534 . Bill ID: 2004091711381397AWF 00

RANDY WEISS, DO Claim:NC20032363

S01-507 SOUTH 12TH STREET SSN:464703972

PHILADELPHIA, PA 19147 Claimant:DENNIS BERRY

Prov Lic:DOLS743TX M9IN:900009598

Payee: 170384534 Insured: NEWSPAPER PROCESSING

THE PAIN CENTER NEWSPAPER PROCESSING SERVICE

501-507 SOUTH 12TH STREET 110 A CORP PARK EAST PHILADBLPHIA, PA 19147 LAGRANGE, GA 30241

Adjustor:LUPE RODRIGUEZ Adjustor Phone:8008889067

ICD9:847.9 SPRAIN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Date	Servic	c	Moda	Charge	Reduction	Allowance	Roason
		«» 3=20=000±3=20=20:					
18-11-04	61790	LESION CREATION		4800.00	4800.00	.00	V F:MP
8-11-04	76001	FLUOROSCOPY	73	350,00	350,00	.00	V F:MP
B-11-04	99199	UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
B-11-04	99070	SUPPLIES MATERIALS		1118.00	1118.00	.00	V P:MP
	Totals		4	7318.00	7318.00	.00	

** TX Reduction Explanations:

TX F Fee Guidelines MAR Reduction

TX V Unnecessary Treatment (With Poor Review)

DR WEISS IS NOT ON THE TWCC PROVIDER APPROVED LIST AS REQUIRED.

Continued on next page

Direct inquirios regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREEWAY #121 DALLAS, TX. 75234 1972] 247-9067 VAX (972) 280-0042 Bill ID: 2004091711381397AWF 00

Insured NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK EAST

LAGRANGE, GA 30241

Claim: WC20032363

Claimant:DENNIS BERRY Injured:09-26-2003

MBIN: 900009598

SSN:464703972

** CSC CLAIM COMPANY **

Page 2

Provider:170384534

RANDY WEISS, DO

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Prov Lic: DOL5743TX

Payee: 170384534

THE PAIN CENTER

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

-

Date Rovd:08-23-2004

Adjustor-ID: LR

Adjustor: LUPE RODRIGUEZ

Account:21290 Adjustor Phone:8008889067

Date Revwd: 09-17-2004

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquirles regarding this review to: CSC CLAIM COMPANY 2995 4.8.J. FRESWAY #121 DALLAS, TX. 75234 [972] 247-9067 FAX (972) 280-0042

Page 1

Provider:170384534

Bill ID:2004091711392250AWF 00

RANDY WEISS, DO

Claim:WC20032363 SSN:454703972

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147. Claimant: DERNIS BERRY

Injured:09-26-2003

Prov Lic: DOL5743TX

MBIN:900009598

Payee: 170384534

Indured: NEWSPAPER PROCESSING

THE PAIN CENTER

NEWSPAPER PROCESSING SERVICE

501-507 SOUTH 12TH STREET

110 A CORP PARK EAST

PHILADELPHIA, PA 19147

LAGRANGE, GA 30241

Date Rcvd: D8-23-2004

Date Revwd:09-17-2004

Adjustor-ID: LR

Account: 21290

Adjustor: LUPE RODRIGUEZ

Adjustor Phone: 8008889067

ICD9:847.9 SPRAIN OF BACK NOS

ICO9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Date	Service	, 1	Mods Charge	Reduction	Allowance	Reasons
********					.========	
C8-16-04	61790 LESION CRE	ATION	4800.00	4800,00	.00	V P.MP
08-16-04	76001 PLUOROSCOP	Y ·	350.00	350.00	.00	V PIMP
08-16-04	99199 UNLISTED P	ROCEDURE	1050.00	1050.00	.00	V F:MP
08-16-04	99070 SUPPLIES M	ATĒRIALS	1118.00	1118.00	.00	V FIMP

140	Totals		7318.00	7318.00	.00	

** TX Reduction Explanations:

TX F Fee Guidelines MAR Reduction

TX V Unnecessary Treatment (With Peer Roview)

OR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FRESWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 28C-3042

Page 2

Provider: 170384534

RANDY WEISS, DO

501-507 SOUTH 12TH STREET

PHILADETIPHIA, PA 19147.

Prov Lic:DOL5743TX

Payee: 170384534

THE PAIN CENTER

501-S07 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Date Royd:08-23-2004

Adjustor-ID: LR

Adjustor: LUPE RODRIGUEZ

Bill ID: 2004091711392250AWF 00

Claim: WC20032363

\$\$R:464703972

Claimant : DENNIS BERRY

Injured:09-26-2003

MBIN:900009598

Insured NEWSPAPER PROCESSING

NEWSCAPER PROCESSING SERVICE

110 A CORP PARK BAST

LAGRANGE, GA 30241

Date Revwd:09-17-2004

Account: 21290

Adjustor Phone:8008839067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guideliacs in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREEWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 280-0042

Page 1

Provider:170384534

Bill ID:2004091711412573AWF 00

RANDY WEISS, DO

Claim:WC20032353

501-507 SOUTH 12TH STREET S5N:464703972
PHILADELPHIA, 9A 19147 Claimant:DENNIS BERRY

Injured:09-25-2003

MR2800009598

Prov Lic: DOL5743TX Payee, 170384534

Insured: NEWSPAPER PROCESSING

THE PAIN CENTER

NEWSPAPER PROCESSING SERVICE

501-507 SOUTH 12TH STREET

110 A CORP PARK BAST

PHILADELPHIA, PA 19147

LAGRANGE, GA 30241

Date Rovd:08-23-2004

Dato Revwd:09-17-2004

. Adjustor-ID: LR

Account: 21290

Adjustor: LVPE RODRIGUZZ Adjustor Phone: 8008889067

ICU9:847.9 SPRAIN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THOPACIC SPRAIN

1CD9:959.0 INJURY FACE AND NECK NOS

Date	Servic	:è	Mode	Charge	Reduction	Allowance	Reasons
GB-17-04	61790	LESTON CREATION		4800.00	4800.00	.00	V F:MP
00-17-04	76001	FLUOROSCOPY		350.00	350.00	.00	V P:MP
08-17-04	99199	UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
08-17-04	99070	SUPPLIES MATERIALS		1114.00	1118.00	.00	V P:MP

	Totals			7318.00	7319.00	.00	

** TX Reduction Explanations:

TX F Fee Quidelines MAR Reduction

TX V Unnecessary Treatment (With Peer Review)

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. PRBEWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 280-0042

Bill ID:2004091711412573AWF 00

Insured: NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK SAST

LAGRANGE, GA 30241

Claim: WC20032363

Claimant: DEWNIS SERRY Injured: 09-26-2003

MBIN:900009598

SSN: 464703972

** CSC CLAIM COMPANY **

Page 2

Provider: 170384534

RANDY WEISS, DO

501-507 SOUTH 12TH STREET

PRILADELPHIA, PA 19147-

DPHIA, PA 19147

Prov Lic: DOL5743TX

Payee: 170384534

THE PAIN CENTER

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Date Revwd: 09-17-2004

Account: 21290

Adjustor Phone:8008829067

Date Rovd:08-23-2004

Adjustor-ID: LR

Adjustor:LUPE RODRIGUEZ

Insurance carrier payment to the health care provider shall

be according to Commission medical policies and fee

guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employed or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability

under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREEWAY #121 DALLAS, TX. 75234 (972) 247-9067 PAX (972) 250-0042

Page

Provider:170384534

Prov Lic:00L5743TX

RAMDY WEISS, DO

THE PAIN CENTER

501-507 SOUTH 12TH STREET

5G1-307 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

PHILADELPHIA, PA 19147

Claim:WC2D032363 SSN:464703972

Claimant:DENNIS BERRY

Bill ID:2004091711433401AWF 00

Injured:09-26-2003

MBIN:900009598

Insured: NEWSPAPER PROCESSING Payee:170384534

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK BAST

LAGRANGE, GA 30241

Date Rovd:08-23-2004

Adjustor-ID: LR

Date Revwd:09-17-2004

Account: 21290

Adjustor:LUPE RODRIGUEZ Adjustor Phone:8008889057

ICB9:847:9 SPRAIN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND THIGH NOS

TCD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

pate.	Servic	5	Woda	Charge	Reduction	Allowance	Reasons
======	em ====	=======+===============================			544 2222		
08-18-04	61790	GESIGN CREATION		4800.00	4800.00	.00	A S:W5
08-18-04	76001	PLUGROSCOPY		350.00	350.00	.00	V F:MP
08-18-04	99199	UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
08-18-04	99070	SUPPLIES MATERIALS		1118.00	1118.00	.00	V 7:M9
		• ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	*****	•			••••
	Totale			7313.00	7318.00	. 00	

^{**} TX Reduction Explanations:

TX F Fee Guidelines MAR Reduction

TX V Gonecessary Treatment (With Peer Roview)

DR WEISS IS NOT ON THE TWCC LIST OF APPROVED PROVIDERS AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREEWAY #121 DALLAS, TX. 75234 (972) 247-9067 PAX (972) 280-0042

Page 2

Provider: 170384534

RANDY WEISS, DO

501-507 SOUTH 12TH STREET

PHILADEDPHIA, PA 19147

Prov Lic: DOLS743TX

Payee:170384334

THE PAIN CENTER

501-507 SOUTH 12TH STREET

PHIGADELPHIA, PA 19147

Date Rovd:08-23-2004

Adjustor-ID: LR

Adjustor: LUPE RODRIGUEZ

Bill ID: 2004091711433401AWP 00

Claim: WC20032363

\$\$N:464703972

Claimant: DEWNIS BERRY

Injured: 09-26-2003

MBIN:900009598

Insured: NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK EAST

LAGRANGE, GA 30241

Date Revwd:09-17-2004

Account:21290

Adjustor Phone: 2008889067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2005 L.B.J. PREEWAY #121 DALLAS, TX, 75234 (972) 247-9057 FAX (972) 280-0042

Bill ID:2004091711471237AWF 00

Claim: WC20032363

Claimant:DENNIS BERRY Injured:09-26-2003

Date Revwd:09-17-2004

Account : 21290

Adjustor Phone: 8009889057

89N:464703972

MBIN:900009598

Insured: NEWSPAPER PROCESSING

110 A CORP PARK EAST

LAGRANGE, GA 30241

NEWSPAPER PROCESSING SERVICE

** CSC CLAIM COMPANY **

Page 1

Provider: 170384534

AANDY WEISS, DO

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Prov Lic:DOL5743TX

Payee:170384534

THE PAIN CENTER

S01-507 SOUTH 12TH STREET

PHILACELPHIA, PA 19147

Date Rovd: 09-08-2004

Adjustor-ID: LR

Adjustor:LUPE RODRIGUEZ

344

ICD9:847.9 SPRAIN OF BACK NOS

ICD9:843.9 SPRAIN WIP AND THIGH NOS

ICD9:347.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Dato	Service	eboM	Charge	Reduction	Allowance	Reasons
	******************	>==>===			*******	
08-23-04	61790 LESION CREATION		4800.00	4800.00	. 90	V F:MP
08-23-04	76001 PLUOROSCOPY		350,00	350.00	. 00	V FIMP
08-23-04	99199 UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
08-23-04	99070 SUPPLIES MATERIALS		1118.00	1118.00	.00	V F:MP
		70777886	•			
	Totals		7318.00	7316.00	.00	

** TX Reduction Explanations:

TX F Fee Guidelines MAR Reduction

TX V Unnecessary Treatment (Nith Peer Review)

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. PRBEWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 280-0042

Page . 2

Provider: 170184534

RANDY WEISS, DO

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Prov Lic: DOL5743TX

Payee:170384534

THE PAIR CENTER

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Date Rovd:09-08-2004

Adjustor-ID: LR

Adjustor: LUPE RODRIGUEZ

Bill ID:2004091711471237AWF 00

Claim: WC20032363

SSN:464703972

Claimant DENNIS BERRY

Injured:09-26-2003

MBIN: 900009598

Insured: NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK EAST

LAGRANGE, GA 30241

Date Revwd:09-17-2004

Account:21290

Adjustor Phone: 8008989067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compansation Act.

Direct inquities regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREEWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 280-0042

Page 1

Provider:170384534

Prov Lic:DOLS743TX

Payee:170384534

RANDY WEISS, DO

501-507 SOUTH 12TH STREET

501-507 SQUTH 12TH STREET

PHILADELPHIA, PA 19147

PHILADELPHIA, PA 19147-

THE PAIN CENTER

9ill ID:2004091711455873AWF 00

Claim:WC20032363 SSN: 464703972

Claimant : DENNIS BERRY

Injured: 09-26-2003

MEIN: 900009598

Insured: NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK EAST LAGRANGE, GA 30241

Date Rovd: 09-08-2004

Adjustor-ID: LR

Adjustor: LUPE RODRIGUEZ Adjustor Phone: 8008989067

Date Revwd:09-17-2004

Account, 21290

ICD9:847.9 SPRAIN OF BACK NOS

TCD9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY PACE AND NECK NOS

Date	Servic	a a	eboM	Charge	Reduction	Allowance	Reasons
225-4268	NA8044=						
08-24-04	51790	LESION CREATION		4300.00	4800.00	.00	V F:MP
08-24-04	76001	FLUOROSCOPY		350.00	350.00	.00	V F:MP
08-24-04	99199	UNLISTED PROCEDURE		1050.00	1050.00	.00	V F:MP
08-24-04	99070	SUPPLIES MATERIALS		1118.00	1118.00	.00	V F:MP
	Totals			7318.00	7318,00	.00	

** TX Reduction Explanations:

TX F For Guidelines MAR Reduction

TX V Unnecessary Treatment (With Peer Review)

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDERS LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREEWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 280-0042

Page 2

Provider: 170384534

RANDY WEISS, DO

S01-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Prov Lic:BO55743TX

Payen: 170384534

THE PAIN CENTER

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Date Rcvd:09-08-2004

Adjustor-ID: LR

Adjustor-10: DK

Adjustor: LUPE ROORIGUEZ

Bill ID:2004091711455873AWP 00

Claim: WC20032363

SSN:464703972

Claiment : DENNIS BERRY

Injured: 09-26-2003

MBIM: 900009598

Insured NEWSPAPER PROCESSING

MEMSPAPER PROCESSING SERVICE

110 A CORP PARK EAST

LAGRANGE, GA 30241

Date Revwd:09-17-2004

Account: 21290

Adjustor Phone: 8008889067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providors shall not bill any unpaid amounts to the injured employee on the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to CSC CLAIM COMPANY 2995 L.B.J. FRESWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 280-0042

Page 1

Provider:170384534

Prov Lic:DOL5743TX

RANDY WEISS, DO

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147-

Bill ID:2004091711483391AWF 00

Claim:WC20032363

SSN:464703972

Claimant DENNIS BERRY

Injured: 09-26-2003

B02000009:MEM

Payee: 170384534

THE PAIN CENTER

501-507 SOUTH 12TH STREET

PRILADELPHIA, PA 19147

110 A CORP PARK EAST

Insured: NEWSPAPER PROCESSING

LAGRANGE, GA 30241

NEWSPAPER PROCESSING SERVICE

Date Rovd:09-08-2004

Date Revwd:09-17-2004

Adjustor-ID: LR

Account: 21290

Adjustor: LUPS RODRIGUEZ Adjustor Phone: 8008989067

ICD9:847.9 SPRAIN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND TRIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Date	Servic	ė	Mods	Charge	Reduction	Allowance	Reasons
					4344988866		
08-31-04	64623	DESTRUCTION		1000.00	1000.00	.00	A S:WS
08-31-04	76001	PLUOROSCOPY		350.00	350.00	.00	V F:MP
08-31-04	99199	UNLISTED PROCEDURE		1050.00	1050.00	.00	V P:MP
08-31-04	99070	SUPPLIES MATERIAGS		1118.00	1218.00	.00	V F:MP
	Totals			3518.00	3518.00	.00	

** TX Reduction Explanations:

TK F Fee Guidelines MAR Reduction

TX V Unnecessary Treatment (With Peer Review)

DR MBISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREEWAY #121 DALLAS, TX. 75234 [972] 247-9667 PAX (972) 280-0042

Page 2

Provider:170384534

RANDY WEISS, DO

501-507 SOUTH LETH STREET

PHILADELPHIA, PA 1914-7.

Payec:170384534

Prov Lic:DOL5743TX

THE PAIN CENTER

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Date Rovd: 09-08-2004

Adjustor-ID: LR

Adjustor: LUPE RODRIGUEZ

Bill ID:2004091711483391AWP 00 Claim: WC20032363

SSN: 464703972

Claimant: DENNIS BERRY

Injured: 09-26-2003

MRIN:900009598

Insured: NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK BAST

LAGRANGE, GA 30241

Date Revwd: 09-17-2004

Account: 21290

Adjustar Phone: 8008989067

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.S.J. FREEWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 280-0042

Page

Provider:170384534

Bill ID:2004091711495775AWF 00

RANDY WEISS, DO

Claim:WC20032363 S\$N:464703972

501-507 SOUTH 12TH STREET

Claimant: DENNIS BERRY

PHILADELPHIA, PA 19147

Injuzed:09-26-2003

MBIN:900009598

Prov Lic: DOLS743TX Payee: 170384534

Insured: NEWSPAPER PROCESSING

THE PAIN CENTER

NEWSPAPER PROCESSING SERVICE

501-507 SOUTH 12TH STREET

110 A CORP PARK EAST

PHILADELPHIA, PA 19147

LAGRANGE, GA 20241

Date Rovd:05-08-2004

Date Revwd:09-17-2004

Adjustor-ID: LR

Account:21290

Adjustor: LUPE RUDRIGUEZ

Adjustor Phone: 8009889067

ICJ9:847.9 SPRAIN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND THICH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Date	Servic	e	Mods	Charge	Reduction	Allowance	Reasons
						**********	******
09-01-04	64623	DESTRUCTION		1000.00	1000.00	.00	V F:MP
09-01-04	76001	FLUOROSCOPY		350.00	350.00	.00	V FIMP
09-01-04	99199	UNLISTED PROCEDURE		1050.00	1050.00	.00	V FIMP
09-01-04	99070	SUPPLIES MATERIALS		1114,00	1118.00	.00	V F:MP
	• •			• • • • • • • • •			
	Totals			3513.00	3518.00	.00	

** TX Reduction Explanations:

TX F Fee Guidalines MAR Reduction

TX V Unnecessary Treatment (With Peer Roview)

DR WEISS IS NOT ON THE TWCC APPROVED PROVIDER LIST AS REQUIRED.

Continued on next page

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. FREEWAY #121 . DALLAS, TX. 75234 (972) 247-9067 FAX (9721 280-0042

Bill ID:2004091711495775AWF 00

Insured: NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK EAST

LAGRANGE, GA 30241

Claim: NC20032263

Claimant: DENNIS BERRY Injured: 09-26-2003

MBIN:900009598

89N:464703972

** CSC CLAIM COMPANY **

Page 2

Providor: 170394534

RANDY WEISS, DO

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Prov Lic:DOL5743TX

Payee: 170384534

THE PAIN CENTER

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Date Rovd:09-09-2004

Adjustor-ID: LR

Adjustor:LUPE RODRIGUEZ

Date Revwd:09-17-2004

Account: 21290

Adjustor Phone: 4009889067

Insurance carrier payment to the health care provider shall be according to Commission modical policies and fee guidelines in effect on the date(s) of service(s).

Realth care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY 2995 L.B.J. PRSEWAY #121 DALLAS, TX. 75234 (972) 247-9067 FAX (972) 280-0042

Bill ID:2004110511461075AWF 00 Providor: 232262489

> OWEN ROGAL, DO Claim:WC20032363 501-507 SOUTH 12TH STREET SSN:464703972 PHILADELPHIA, PA 1914-7. Claimant: DENNIS BERRY Injured: 09-26-2003

MBIN:900009598

Prov Lic:DC9993TX Payee: 232262489 Insured: NEWSPAPER PROCESSING

> THE PAIN CENTER SURGERY DEPT MEWSPAPER PROCESSING SERVICE

501-507 SOUTH 12TH STREET 110 A CORP PARK EAST PHILADEGERIA, PA 19147 LAGRANGE, GA 30241

Date Revwd:11-05-2004 pate #cvd:09-27-2004 Adjustor-ID: LR Account:21290

Adjustor: LUPE RODRIGUEZ Adjustor Phone:8008889067

ICD9:847.9 SPRAIN OF BACK NOS

TCD9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Date	Servic	ie .	Mods	Charge	Reduction	Allowance	Reasons
88684FR4	*** ***		=====			*********	*****
09-10-04	61790	LESION CREATION		4800.00	4800.00	.00	٧
09-10-04	76001	FLUOROSCOPY		350,00	350.00	,00	V
09-10-04	99199	UNLISTED PROCEDURE		1050.00	1050,00	. 00	٧
09-10-04	99070	SUPPLIES MATERIALS		1118.00	1118,00	.00	v
	- , . , ,					. 	
	Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Roview)

Insurance Carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employed or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY P.Q. SOX 814610 DALLAS, TX. 75381-4610 (972) 247-9067 FAX (972) 280-0042

Page 1

Provider: 232252489 Bill ID: 2004110511382987AWF 00

OWEN ROGAL, DC Claim:WC20032363
S01-507 SOUTH 12TH STREET SSN:464703972
PHILADELPHIA, PA 19147, Claiment:DENNIS BERRY

Claiment: DENNIS BERN Injured: 09-26-2003

Prov Lic:DC9909TX MSIN:900009598

Payee: 232262489 Insured: NEWSPAPER PROCESSING

THE PAIN CENTER SURGERY DEPT NEWSPAPER PROCESSING SERVICE
501-507 SOUTH 12TE STREET 110 A CORP PARK BAST
PHILADELPHIA, PA 19147 LAGRANGE, GA 30241

Rovd:09-27-2004 Date Rovwd:11-05-2004 | Date Rovwd

Adjustor: GUPE RODRIGUEZ Adjustor Phone: 8008889067

ICD9:847.9 SPRATN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND WECK NOS

Date	Servic	· •	Mods	Charge	Reduction	Allowance	Reasons
		••••••································					
9-14-04	€1790	LESION CREATION		4800.00	4800.00	.00	v
9-14-04	76001	PLUOROSCOPY		350.00	350.DG	.00	y
9-14-04	99199	UNLISTED PROCEDURE		1050.00	1050.00	.00	V
9-14-04	99070	SUPPLIES MATERIALS		1118.00	1119.00	.00	V
	Totals	Ť		7318.00	7318.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Troatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any ungaid amounts to the injured employee or the employer, or make any attempt to collect the ungaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY P.O. BCX 814610 DALLAS, TX. 75381-4610 (972) 247-9067 FAX (972) 280-0042

400

** CSC CLAIM COMPANY **

Page 1

Provider:232262489 Bill T0:2004110511475530AWP 00

OWEN ROGAL, DC S01-507 SOUTH 12TH STREET PHILADELPHIA, PA 19147

5.4

S9N:464703972 Claimant:DENNIS BERRY Injured:09-26-2003

MBIN:900009898 '

Claim:WC20032363

Prov Lic:DC9999TX

Payee: 232262489

THE PAIN CENTER SURGERY DEPT

941LADELPHIA, PA 19147

Insured: NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A COAP PARK EAST LAGRANGE, GA 30241

Date Rovd:09-27-2004

Adjustor-ID: LR Adjustor:LUPS RODRIGUEZ Oate Revwd:11-05-2004 Account:21290 Adjustor Phone:8008869067

ICD9:347.9 SPRAIN OF BACK NOS

1009: 243.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Date	Servic	te	Mode	Charge	Reduction	Allowance	Reasons
				======		=======	***
09-15-04	61790	LESION CREATION		4800,00	4800.00	.00	V
09-15-04	76001	FLUOROSCOPY		350.00	350.00	.00	ν
09-15-04	99193	UNLISTED PROCEDURE		1050.00	1050.00	.00	v
09-15-04	99070	SUPPLIES MATERIALS	¥0	1118.00	1118.00	.00	٧
							• • • • • • • • • • • • • • • • • • • •
	Totals			7313.00	7318.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Health cars providers shell not bill any unpaid amounts to the injured employee or the employer, or make any steempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY P.O. BCX 814610 DALLAS, TX. 75381-4610 (972) 247-9067 FAX (972) 280-0042

Page

Provider:232262489

Bill ID: 2004110511443632AWF 00

OWEN ROGAL, DC

Claim: WC20032363 SSN: 464703972

501-507 SOUTH 12TH STREET

Claimant: DENNIS BERRY

PHILADELPHIA, PA 19147.

Injuxed:09-26-2003

Prov Lic:DC9999TX

MBIN:900009598

Payee: 232262489

Insured: NEWSPAPER PROCESSING

THE PAIN CENTER SURGERY DEPT

NEWSPAPER PROCESSING SERVICE

501-507 SOUTH 12TH STREET PHILADELPHIA, PA 19147

110 A CORP PARK EAST LAGRANGE, GA 30241

Adjustor-ID: LR

Date Revwd:11-05-2004 Account: 21290

Adjustor Phone:8008889067

Adjustor: LUPE RODRIGUEZ

Date Revd: 09-27-2004

ICD9:847.9 SPRAIN OF SACK NOS

ICD9:843.9 SPRAIN HIP AND THICH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Date	\$ervice	Mods Charge	Regudiion	Allowance Reasons
	=======================================			4.4.4.4.4.4.
09-16-04	6A623 DESTRUCTION	1000.0	00.0001	.00 V
09-16-04	76001 FLUOROSCOPY	350,0	350.00	.00 V
09-16-04	99199 UNLISTED PROCEDURE	1050.0	1050.00	.00 V
09-15-04	99070 SUPPLIES MATERIALS	1118.0	1118.00	.DO V
	Totals	3518.0	3518.00	, DQ

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Review) .

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Realth care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408,024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY P.O. BOX 814610 DALLAS, TX. 75381-4610 1972) 247-9067 FAX (972) 280-0042

Pill ID: 2004110511401371AWF 0D

Insured NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK EAST

LAGRANGE, GA 30241

Claim, WC20032363

Claimant : DENNIS BERRY Injured:09-26-2003

MBIN: 900009598

SSN:464703972

** CSC CLAIM COMPANY **

Page

Provider: 232262489

OWEN ROGAL, DC

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Prov Lic:DC9999TX

Payee: 232262489

THE PAIN CENTER SURGERY DEPT 501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Pate Rovd: 09-27-2004

Adjustor-ID: LR

Adjustor: LUPE RODRIGUEZ

Date Revwd:11-05-2004

Account:21290

Adjuster Phone:2008889067

ICD9:847.9 SPRATN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK NOS

Date	Servic	e	Mods	Charge	Reduction	Allowance	Reasons
=======		======================================	===++=				** N & C C C C C
09-17-04	61790	LESION CREATION		4000.00	4800,00	.00	v
09-17-04	76001	PLUOROSCOPY		350.00	350.00	.00	v
09-17-04	99199	UNLISTED PROCEDURE		1050.00	1050.00	.00	ν
09-17-04	99070	SUPPLIES MATERIALS		1118.00	1118.00	.00	v
		• • • • • • • • • • • • • • • • • • •					
	Totals			7318,00	7516.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and ree guidelines in effect on the date(s) of service(s).

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY P.O. BOX 814610 DALLAS, TX. 75381-4610 19721 247-9067 FAX (972) 280-0042

Bill ID:2004110511431178AWF 00

Claim:WC20032363

SSN:464703972

Claimant : DENNIS BERRY Injuxed:09-26-2003

MBIN: 900009598

Insured: NEWSPAPER PROCESSING

NEWSPAPER PROCESSING SERVICE

110 A CORP PARK EAST

LAGRANGE, GA 30241

3

** CSC CLAIM COMPANY **

Page

Provider: 232262489

OWEN ROGAL, DC

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19142

Prov Lic:DC9999TK

Payee: 232262489

THE PAIN CENTER SURGERY DEPT 501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Date Rcvd:09-27-2004

Adjustor-ID: LR

Adjustor: WPE RODRIGUEZ

Date Revwd:11-05-2004

Account: 21290

Adjustor Phone: 8008889067

ICD9:847.9 SPRAIN OF BACK NCS

ICD9:843.9 SPRAIN HIP AND TRIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:939.0 INJURY PACE AND NECK NOS

Date	Sorvio	e	Mods	Charge	Reduction	Allowance	Réasons
			=====				=======
09-20-04	61790	LESION CREATION		4800.00	4800.00	.00	v
09-20-04	76001	PLUOROSCOPÝ		350.00	350.00	.00	V
09-20-04	99199	UNLISTED PROCEDURE		1050.00	1050.00	.00	V
09-20-04	99070	SUPPLIES MATERIALS		1118.00	1118.00	.00	v
	Totals	100		7318.00	7318.00	.00	

** TX Reduction Explanations:

TX V Unnecessary Treatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s).

Sealth care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Compensation Act.

Direct inquiries regarding this review to: CSC CLAIM COMPANY P.O. BOX 814610 PANLAS, TX. 75381-4610 (972) 247-9067

FAX (972) 280-DG42

Bill ID:2004110511414459AWP 00

Insured: NEWSPAPER PROCESSING

110 A CORP PARK EAST

LAGRANGE, GA 30241

NEWSPAPER PROCESSING SERVICE

Claim: WC20032363

SSN:464703972

Claimant: DENNIS EERRY Injured: 09-26-2003

MBIN:900009598

** CSC CLAIM COMPANY **

Page

Provider: 232262489

OMEN ROGAL, DC

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Prov Lic:DC9999TX

Payoc: 232262489

THE PAIN CENTER SURGERY DEPT

501-507 SOUTH 12TH STREET

PHILADELPHIA, PA 19147

Date Revwd: 12-05-2004

Account: 21290

Adjustor: LUPE RODRIGUEZ

Adjustor-ID: LR .

Date Revd: 09-27-2004

Adjustor Phone: 8508289067

ICD9:847.9 SPRAIN OF BACK NOS

ICD9:843.9 SPRAIN HIP AND THIGH NOS

ICD9:847.1 THORACIC SPRAIN

ICD9:959.0 INJURY FACE AND NECK MOS

Date	Servic	e	Mods	Charge	Reduction	Allowance	Reasons
							·he====:
09-21-04	61790	LESION CREATION		4800.00	4800.00	.00	V
09-21-04	76001	PLUOROSCOPY		350,00	350.00	. 00	v
09-21-04	99199	UNLISTED PROCEDURE		1050.00	1050.00	.00	v
09-21-04	99070	SUPPLIES MATERIALS		1118.00	1118.00	.00	V
	•••••	.					
5 2	Totals			7318.00	7318.00	.00	

** TX Reduction Explanations:

TX V Vonecessary Treatment (With Peer Review)

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s),

Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under '408.024 of the Texas Workers' Componention Act.

Pirect inquiries regarding this review to: CSC CLAIM COMPANY P.O. BOX 814610

DALLAS, TX. 75381-4610 (972) 247-9067

FAX (972) 280-0042

800-884,9067